

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/575, 188

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	2					
TOTAL DEP.	96					
TOTAL CLAIMS	98					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
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66		2				
67		2				
68		2				
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		1				
76		1				
77		1				
78		2				
79		2				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		2				
88	1					
89	1					
90		2				
91		2				
92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.	2					
TOTAL DEP.	93					
TOTAL CLAIMS	95					

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SERIAL NO. 09/575,188
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		2				
2		2				
3		2				
4		2				
5		2				
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40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	0					
TOTAL DEP.	100					
TOTAL CLAIMS	100					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
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69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76		2				
77		0				
78		0				
79						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0					
TOTAL DEP.	54					
TOTAL CLAIMS	54					

Claim	Original	Date	2-1-02
151	✓		
152	✓		
153	✓		
154	✓		
155	✓		
156	✓		
157	✓		
158	✓		
159	✓		
160	✓		
161	✓		
162	✓		
163	✓		
164	✓		
165	✓		
166	✓		
167	✓		
168	✓		
169	✓		
170	✓		
171	✓		
172	✓		
173	✓		
174	✓		
175	✓		
176	✓		
177	✓		
178	✓		
179	✓		
180	✓		
181	✓		
182	✓		
183	✓		
184	✓		
185	✓		
186	✓		
187	✓		
188	✓		
189	✓		
190	✓		
191	✓		
192	✓		
193	✓		
194	✓		
195	✓		
196	✓		
197	✓		
198	✓		
199	✓		
200	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
251			
252			
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If more than 150 claims or 10 actions
staple additional sheet here

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